

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		01	2/7/01
FORMALITY REVIEW	1123	914	2/23/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 Canceled A ..... Appeal  
 Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	5/15/01
2	5/15/01
3	5/15/01
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6	5/15/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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